## ELECTION TO RETAIN CSRS RETIREMENT COVERAGE AS A RESULT OF A MOVE FROM A CIVIL SERVICE POSITION TO A NONAPPROPRIATED FUND POSITION AFTER AUGUST 9, 1996

INSTRUCTIONS: The Personnel Office must verify that the employee was vested in the Civil Service Retirement System (CSRS) before completing Part 1 of this form and giving it to the employee. The employee must indicate his/her election by signing in Part 3 and returning the signed form to the Personnel Office on or before the due date shown in Part 1.

Part 1.

Part 1 (to be completed by agency)		It verify that in accordance with S 8347(q) of title 5, U.S.C. and OPM regulations at 5 CFR 847.203, this	
Employee's name		employee is eligible to retain CSRS coverage because he/she:	
		(1). Has never previously had an opportunity to elect to retain CSRS coverage:	
Date of Birth Social Security Number		(2). Has moved, after August 9, 1996 from a CSRS covered appointment to a NAFI position without a	
		break in service of more than 1 year; and	
		(3). Has 5 or more years of civilian service creditable under CSRS	Date of Move
Name of NAFI Re	tirement Plan	as of the date of the move.	
		Authorized Signature	Date Signed
		- Tanas	
Due Date: Persor	nnel Office Must	Title	
Receive Election			
Trederve Electron	on or belore		
PART 2: ACKNO	WI EDGEMENT OF RECEI	PT AND NOTICE OF EFFECT OF FAILURE TO ELECT	
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Lundaratand that I	am aliaible to retain retirem	vent equarage under the Civil Coming Detirement Custom (CCDC) Le	almourledge that the Dersonnel
	•	nent coverage under the Civil Service Retirement System (CSRS). I account to the coverage under the Civil Service Retirement System (CSRS).	· ·
-		rm and given it to me on this date. I understand that if I fail to complet	
		of business on the Due Date (shown in Part 1), I will automatically be of	
Option 2 in Part 3.	I also understand that the	option I choose below (or am automatically considered to have choser	will restrict my retirement plan
entitlement for the	rest of my Government car	eer and that I can never change this election.	
Employee's signa	ature		Date
<u>.</u>			
PART 3: EMPLO	YEE'S ELECTION (Instruc	tions to employee: Sign only the box for the option that you elect	.)
OPTION 1: I elect	t to retain coverage under th	ne Civil Service Retirement System (CSRS). I understand that becaus	e of this irrevocable decision,
		ider any NAFI retirement plan. I understand that regardless of future n	
		nanges in retirement status, my retirement coverage will remain with C	
governing CSRS.	, broand in borriog, and or	iango mromono datas, m, romonon coronago minomani mino	
governing corto.			
Employee' signat	uro		Date
Linployee signat	uic		Date
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OPTION 2: 1 do n	ot elect to retain retirement	coverage in the Civil Service Retirement System (CSRS). Because I I	nave made inis decision:
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	•	receiving any service credit in the NAFI retirement plan for time spent	under CSRS.
2). I will not be give	ven another opportunity to re	receiving any service credit in the NAFI retirement plan for time spent etain coverage in CSRS if I ever move from a civil service appointment	under CSRS. to a NAFI position in the future.
2). I will not be give	ven another opportunity to re	receiving any service credit in the NAFI retirement plan for time spent	under CSRS. to a NAFI position in the future.
2). I will not be given However, if I move	ven another opportunity to ree back to a cvil service appo	receiving any service credit in the NAFI retirement plan for time spent etain coverage in CSRS if I ever move from a civil service appointment	under CSRS. to a NAFI position in the future. es.
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